



## Default Prevention Grant Request for Reimbursement for Expenses Paid

Name of Institution \_\_\_\_\_

Period \_\_\_\_\_, SFY 2015 (July 1, 2014 - June 30, 2015)

Per agreement, attach documentation supporting payment.	Total Amount
Staff Salaries and Wages	
Staff Workshops, Travel, Meals, and per diem	
Equipment Purchases (e.g., PC, printers, etc.)	
Materials and Supplies (e.g., office supplies, etc.)	
Consultants, Servicers, and Contracts	
Software/Database Development (purchase, or lease)	
Postage	
Printing and Copying	
Phone Charges	
Other (define)	
Student and/or Faculty Seminars and Focus Groups	
<b>TOTAL</b>	

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

For MDHE Default Prevention Staff Only

Marilyn Landrum, Student Assistance Associate for Default Prevention

\_\_\_\_\_ Date